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Our Professional Responsibilities*

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Fulfilling our professional obligations may sometimes serve a dual purpose, which I experienced several years ago somewhat to my embarrassment.



Dr. Eshleman

The school which my daughters attend was observing dental health week, and I was asked to show a movie on dental health. After the film was shown, followed by a ten-minute discussion, questions were welcomed from the children.

Not wanting to show any partiality, I waited to call upon my seven-year-old daughter Susan until last, whereupon she asked "Daddy, if you like Ammoniated toothpaste so much, why do you use Squibbs?". Need I say it was a question which I had not anticipated, but one for which I was grateful, for it brought me to mind that line from Shakespeare "It is a good divine that follows his own instructions."

What we regard as a professional responsibility is directly related to the force which initially motivated our interest in the profession of dentistry.

The privilege of practicing our profession carries with it certain moral responsibilities which you and I have automatically assumed when we chose a life of service to the public. In fact, these obligations were more or less outlined in the very early rules of conduct some 2,300 years ago by the physicians of Greece, through the now famous Oath of Hippocrates. These early codes of conduct have been a valuable guide in formulating our present dental code of ethics.

The committee on Professional Ethics which was part of a workshop, to study the Extension of Scientific Dental Health Service to more people, recently held at the University of Michigan, agreed, "that it would be desirable to have prepared a guide to personal conduct which would embrace the social, moral, and legal phases of dental practice in general terms."

The scope of such an undertaking at once becomes evident, and the final result, no doubt, will depend largely upon the time and effort devoted to the problem by our most capable minds. It should be a challenge to all of us to make such contributions of which we are most capable, be they great or small, but which could well be weighed by those who compose the final result.

Willard L. Sperry in his book *The Ethical Basis of Medical Practice* has

*Presented at the Midwinter Meeting of the Chicago Dental Society, February, 1955.

[The author was graduated from Temple University Dental School in 1934. He maintained his practice in Philadelphia until 1944; was on active duty with the U. S. Navy from 1944-46, retiring with the rank of Lt. Comdr., and re-entered private practice in Philadelphia. In 1949, he was appointed to the Temple University faculty as lecturer to senior dental students on Practice Administration. He is past-president of the Temple University Dental Alumnae Society.]

Dr. Eshleman is Secretary of the Philadelphia County Dental Society and Finance Chairman of the Pennsylvania State Dental Society 1955 Annual Meeting. He is a Fellow of the American College of Dentists, member of the Council on Dental Health of the American Dental Association, Federation Dentaire Internationale, Psi Omega Fraternity and Omicron Kappa Upsilon Fraternity. He has appeared before local, state and national dental groups, discussing all phases of Practice Administration.]

made an interesting observation. The sciences, he says, deal with ponderables which can be weighed and measured; the humanities—ethics included, deal with imponderables which cannot be weighed or measured, but can only be valued. Could this then be why the familiar Golden Rule seems so much more golden to me than to others?

If the sense of values of the dental graduate is not in tune with those commonly considered as proper by organized dentistry, the fault no doubt is largely our own. The philosophy of service should quite properly be taught throughout school and college but even more important is that which is taught by our very own example.

Our profession has been organized primarily for the purpose of service to the public, rather than for profit. This is the basic difference between the trades and the professions. It is a difference that should be clearly understood by the pre-dental, and the dental student. Unless this difference is willingly accepted in the very beginning, I doubt whether real professional maturity can ever be attained.

One of our major responsibilities, individually and collectively, is to assure a steady flow of personnel into our profession of those who are possessed with the highest ideals and of sound moral fiber. Men who will enter the profession in a spirit of sacrificial service, rather than for personal aggrandizement.

It would be interesting to learn, if a way of measure could be devised, how directly basic concepts affect the success

or failure of the dental practitioner, in the eyes of the public whom we are privileged to serve. By success I am thinking of that perfect balance between the material and spiritual blessings of life for which we all strive.

The standardized tests now given to pre-dental students have gone a long way to assure our profession of the best qualified, and the most likely to succeed. I'm not sure, however, that enough time has been spent by our colleges and universities to first determine, and then develop a sound moral philosophy of the student at both the pre-dental and the dental school level.

To quote Carlyle "Our main business is not to see what lies dimly at a distance, but to do what lies clearly at hand."

Since there is evidence of a moral retrogression, not only in our profession, but all around us, might it not be wise to include in the pre-dental school curriculum a major course designed to better train the prospective dentist in basic principles, the humanities and sound philosophical thinking.

If this practice were followed the senior dental student would be better able to develop a moral philosophy more in keeping with the high ideals of those great leaders of our profession who have gone before us.

Those early pioneers had a chance to prove their mettle, and the moral frontiers which they developed have withstood the test of time. On occasions we have not fully appreciated the opportunity which is ours, by virtue of their sacrifices. A responsibility of considerable

importance, and one which, unfortunately, is regarded rather lightly at times, is that of congenial intra-professional relationship. Getting along with one another should not be too difficult, but at times it develops into a serious problem among professional men. It happens accidentally rather than by design I am sure, and on occasions has seriously affected public relations.

I like the advice of Henry Van Dyke—1852-1933, who wrote

"Four things a man must learn to do
If he would keep his record true
To think without confusion clearly
To love his fellow man sincerely
To act with honest motives purely
To trust in God and heaven securely."

One of the things which you and I strive so hard to gain is the respect and confidence of our patients. This confidence can quickly be lost by differences of professional opinion which take on the aspect of verbal prize-fights, with the patient in the middle. You and I must see to it that this does not occur.

Differences of professional opinion cannot be avoided. When they do occur, they should be regarded as a necessary part of scientific procedure and should not be used as an opportunity to gain at another's expense. Such ill-gotten gain will soon vanish, and is hardly worth the price.

It has been said on more than one occasion that the physician is accorded more respect than the dentist. Could it be that he has earned a greater right to such respect? Could it be that he possesses a more thorough understanding of the humanities, which better enables him to know the minds and souls of his fellow man, and thereby gains for himself and his profession a greater respect? I wonder.

Dr. Richard C. Cabot in his book *Adventures on the Borderline of Ethics* defines three categories into which business and professional ethics fall.

1. Each for himself; so far as he can get away with it.

2. Minimum ethics; acting according to the "rules of the game" agreed upon explicitly and implicitly.

3. Christian ethics; a sample of which is the effort to satisfy real, deep, and permanent desires, and not merely obvious desires, in others as well as ourselves.

Differences of professional opinion need not bear the bitter fruit of contempt and ill will. There's too much real constructive work to be done, to be wasting time sparring among ourselves.

May I offer a few simple suggestions. Let's praise good work, regardless of who did it. Let's not let an opportunity pass to say a kind word about a colleague. Let's be partners, not competitors. All of us, I am sure, have seen the expression of satisfaction upon the face of a patient who was complimented upon the fine dental service he had received by a previous dentist. It's a compliment not only to the previous dentist, but to the patient's choice of dentists as well. Adverse criticism by look, act, or deed, can only serve to cast doubt into the mind of the patient, even to the point of doubting his most recent choice.

If criticism is needed, let's do it helpfully, not spitefully. Ethics do not compel us to cover the sins of another, but they do require us to be discreet and charitable. Objective thinking will result in constructive criticism; a negative attitude will produce negative results to all concerned. How we say it often counts more than what we say.

An open mind on debatable questions will gain friends and prestige and some times win the debate. Discussion but not argument. No one possesses an exclusive right to the art of correct diagnosis and there may be just cause for an honest difference of opinion.

Careful of what we say. The other fellow has feelings too, and it is our duty to respect those feelings. Wit and humor at the other fellow's expense is very funny, unless we are the other fellow. Then it can become tiresome.

To get along with our colleague is not enough, we should willingly share our

knowledge with those who seek it. We have unwittingly contributed to the delinquency of some of our confreres by failing to render assistance which they needed in order to obtain the material things of life to which they and their families are entitled. I have met too many fellow practitioners who had high ideals and fine codes of ethics, but who had not learned to conduct their practice efficiently. These men are our responsibility. They cannot serve their patients most effectively unless they have an adequate economic income, sufficient to take their rightful place in society. Society has conferred upon the dentist the right to translate his services into a fee which is a medium of exchange, that can win for him and his family such material things necessary for their health and welfare. For a professional man to talk about money is not a sin. Money as a means and not as an end is an honorable objective.

Too many men have been forced to turn away from organized dentistry for the help which they needed, many times at great expense, both in dollars and prestige. They have been lured into the waiting arms of commercial organizations who are well qualified in commercial procedures but who give little thought to the practice of the humanities. The dollar sign is their master, and the patient their victim. The result—conduct unbecoming of the professional man; bad public relations.

I can well understand how such procedure could have inspired some of the articles which recently appeared, casting the professions in rather a bad light. The printed word connotes to the public a degree of authority, sometimes out of proportion to its real worth.

Among our professional responsibilities which we have at times failed to recognize clearly, is that of enlightening our allied professions, particularly the medical profession, of certain scientific advancements within the limits of our own field. This, unfortunately, has worked to our own disadvantage. A classic example is the opinion shared by those who would

condemn on sight, all gold restorations without sufficient supporting evidence, resulting in the loss of perfectly sound teeth without affecting the desired result. I'm sure if we took time to explain the difference between the old, ill fitting gold shell crown of yesterday and the modern methods of fixed restorative dentistry of today, there would be less reason for misunderstanding and greater mutual respect.

Qualified dentists should be encouraged to accept invitations, when tendered, to appear upon medical scientific programs, take part in panel discussions and symposia. The patient, the physician and the dentist could all benefit by such procedure, for it would do much to lift the fog of confusion and replace it with an air of mutual respect.

When speaking of patient relations, most of us are well aware of what our responsibility should be, for they have been well outlined on numerous occasions by men well qualified to speak for our profession.

I'm not too sure, however, that the patients are consulted as frequently as they should be, in order for us to obtain additional information which could be of great value.

Who is in a better position to see us in our true light than our patient, and I suggest that we take them into our confidence more frequently in order to learn how well we are fulfilling our professional responsibilities. Patients are human beings. They have a right to expect the same things which you and I seek for those whom we love.

I am made more deeply conscious of my own shortcomings, not only when I seek the advice of patients, but when on occasions, I search my soul in the quiet of my study with the following twelve questions:

1. Is my professional stewardship one of which my patient and I can say "well done"?
2. Have I by accident or design engaged in practices which could be regarded as sharp, bordering on dishonesty?

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Thanks for a job well done —



The Back of the Yards Neighborhood Council, each year, is luncheon host to Englewood Branch members who assist in the school dental health education program carried out jointly by the Council and by the Committee on Dental Health Education of the Chicago Dental Society. More than 5,000 school children annually are inspected and receive the benefit of films, literature, and other dental health assistance from the Society. This program has been in operation for more than ten years and has done much to elevate the dental health level in the Back of the Yards neighborhood. Some of the dentists in this photograph have participated in the program since its start.

G. W. Solfronk, dental society president, (4th from right in front row), stated that many more community organizations needed to emulate the Back of the Yards Council and assist in the development of similar programs. Dr. Solfronk thanked Joseph B. Meegan, Council Executive, for the fine cooperation given by the Council and its health committee and expressed the hope that the program would continue to grow and to be reflected in improved dental health for Back of the Yards children.

NEWS AND ANNOUNCEMENTS

MICHIGAN INVITES YOU TO ITS CENTENNIAL CONVENTION

The Michigan State Dental Association will celebrate its 100th Anniversary in 1956 with a five-day Centennial Convention to be held April 15 to 19 at the Hotel Statler in Detroit.

All of the nation's state dental societies have been invited to send official representatives and to date more than half of the state societies have indicated that they will have representatives in attendance. Distinguished guests from many parts of the nation and several foreign countries are also expected to attend the Association's Centennial Convention.

Representatives from the American Dental Association and other national dental organizations in this country and abroad will attend. Two of the honored guests will be Doctor Bernard C. Kingsbury, of San Francisco, President of the American Dental Association, and Doctor Harold Hillenbrand, of Chicago, Secretary of the American Dental Association.

Other professions and fields of interest are also expected to be represented. In attendance will be representatives from the professions and fields of medicine, law, business, industry, government, labor and other fields. The total attendance for the meeting is expected to be about 5,000.

An elaborate centennial program is planned for the convention emphasizing the achievements of dentistry in Michigan during the past century. Contributions to dentistry by members of the profession and others will be recognized. Awards of merit for outstanding achievement will be presented to individuals who are leaders in their respective fields. Various exhibits of historical interest to dentistry will be on display at the meeting and at various public buildings in Detroit.

The future of dentistry will also come into its share of attention at the Association's Centennial Convention. The five-day meeting will include a full scientific program on almost every phase of dentistry.

Entertainment features will include a centennial banquet with an expected attendance of 1,000 and a well-known guest speaker. Various receptions are also planned.

All A.D.A. members are invited to attend the Association's Centennial Convention. Additional information can be obtained from the Michigan State Dental Association, 112 E. Allegan, Lansing 68, Michigan.

DR. KLEIMAN PRESENTS PAPER BEFORE MASSACHUSETTS SOCIETY

Dr. S. Richard Kleiman appeared before the Massachusetts State Dental Society where he presented a paper on "Illegal Practice of Dentistry in Chicago," in Boston on January 24th. The meeting was attended by some 500 members from Massachusetts and Connecticut and dealt with the problems which have plagued us in Chicago and which now confront the men in these states.

Dr. Kleiman, who is the immediate Past-President of the Chicago Dental Society, reports that his paper was well received by members of the profession and also received good notices in the local press.

LOYOLA ANNOUNCES POSTGRADUATE COURSE

The Postgraduate Division of Loyola Dental School (Chicago College of Dental Surgery) wishes to announce the presentation of a combined Anatomy and

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ABSTRACTS

EFFECT OF PROTEIN COAGULANTS

This report is concerned with the accessibility of both the organic and inorganic components of dentin after treatment with protein-coagulants and partial decalcification with several organic and inorganic acids. The investigation carried out showed the protein-coagulants, silver nitrate, zinc chloride, and potassium ferro-cyanide, to have no great effect upon either the acid solubility of the inorganic portions or the accessibility of organic matrix of dentin even after its decalcification. Although the protein-coagulants did not interfere with the accessibility of the organic dentinal matrix, they did sometimes affect the liberation of more accessible tyrosine and histidine residues than were liberated from control dentin. The solubility of the inorganic component and the accessibility of the organic matrix of dentin sometimes varied with the type of acid used for decalcification. — *"THE EFFECT OF PROTEIN COAGULANTS ON THE INORGANIC AND ORGANIC COMPONENTS OF HUMAN DENTIN,"* by George W. Burnett, D.D.S., Ph.D. *Journal of Dental Research.* Aug. 1955. O.C.L.

DENTAL FEES

A common cause of friction between the patient and the dentist is the subject of fees. The complaints on the part of the patient are twofold:

1. The fee is too high; 2. Why didn't the dentist tell me before running up such a bill? Unfortunately, there seems to be an erroneous conception among laymen that a dollar paid to a professional man is clear profit. Actually, although dental fees have increased on the average of 44.7% over a ten-year period in Canada, where the survey was made, the expenses

of operating a dental practice on the average have increased 63.6%. The dental fee of today, therefore, cannot be called excessive. The answer, then, is patient education—explaining to the patient what is involved in the necessary procedures, the benefits and improvements that will result, so that the patient obtains an increased appreciation of the service. If the patient has a better understanding of what the service involves, he will have a better idea of what the approximate fee will be. Too often if the dentist informs the patient of the cost in advance, the patient is apt to think the dentist is interested only in the money involved. Neither is there a necessity for a detailed explanation of the cost of individual items which form a part of the service. The time spent educating the patient to understand the importance of the work to be done and the results that will be obtained, will lead to better dentist-patient relations.—*"FEES—A common cause of friction between patient and dentist."* *Journal of the Canadian Dental Assn.* April, 1955. O.C.L.

MOLAR TRANSPLANT

The procedure for transplanting an incompletely developed third molar into the socket of an extracted first molar is described. A week after the lower left first molar of a 23-year-old woman had been extracted because of a carious exposure, it was decided to transplant an impacted lower left third molar which originally was to be extracted, to the first molar socket rather than to extract it. The patient was pre-medicated with sodium pentobarbital gr. $\frac{3}{4}$ and acetylsalicylic acid gr. X. Using local anesthesia, a muco-periosteal flap was raised extending from the lower left first bicuspid through the area of the third molar. The

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An Open Letter to Dentists*

My Dear Doctor:

The unlawful practice of dentistry by unethical laboratories is a problem that is becoming more complex with passage of time. It is a situation that is deplored, both by the profession and the ethical laboratories.

The fault, Doctor, does not lie entirely with the law as it is written, nor is the condition that produced this deplorable situation entirely the fault of the unethical laboratory. How many times, Doctor, have you heard the patient, with a history of denture failure, say, "I can't understand why I have trouble wearing dentures? Why Dr. Lazybones even had the man from the laboratory come to the office to take my bite!"

Any licensed dentist who permits the laboratory technician to deal directly with the patient is fostering the illegal practice of dentistry. The dentist admits his lack of ability, or his lack of training, by asking the technician to perform a portion of the service that the technician is not permitted by law to perform. Then it is only logical for the technician to assume that he is better equipped professionally to render the service than the dentist is. Any dentist who has the technician perform a service that is not considered in the technician's realm of activity is openly encouraging that technician to break the law. This same dentist will rise up in righteous indignation against an unethical laboratory that is guilty of practicing dentistry. To my simple mind, Doctor, an infraction of the law is an infraction of the law, whether it is committed in a dental office or in a commercial laboratory. The chances are that the technician in the unethical laboratory has been required many times to perform services directly for the patient at the request of an ethical, licensed dentist. When this happens repeatedly, the technician soon assumes that he is more able than the dentist to perform the complete service. And so, Doctor, the unscrupulous technician soon becomes a "bootlegger of dentures."

The dentist who refers the patient with a fractured denture directly to the laboratory has no reason to expect that patient not to return directly to the laboratory the next time a denture repair is necessary.

The day may come when full denture work will be relegated completely, by law, to the laboratory. If this happens we have only ourselves to blame. Hearings on the question of laboratories practicing full denture work have already occurred in several states. A bill sponsored by laboratory interests, was introduced recently before the Illinois legislature. This bill asked for the state to license "Public Denturists." The bill was defeated in the committee. In another state where hearings were held the governor of the state commented that "he could see no reason why full denture work could not be done completely by the laboratory, since in so many cases that condition already existed, except for the fact that the dentist served merely as a middle man."

And so, it becomes the obligation of every member of the Dental Association to help stamp out the unlawful practice of dentistry, and to protect the health of the unsuspecting public by advising them against patronizing these unlawful practitioners. But, Doctor, while you are asking your neighbor to clean up his yard, it might not be a bad idea to remove the weeds from your own yard.

Sincerely yours,

(Signed) L. George Parry

Chairman, Prosthetic Service Committee

* Reprinted from the *Journal of the Georgia Dental Association*, January, 1956.

EDITORIAL

LET'S GET OFF OUR HANDS

To continue in the vein of Dr. L. George Parry of Georgia as to the causes for the great increase in the illegal practice of dentistry by the illegal laboratory. Could it also not be placed on our doorstep that we ourselves have been guilty of overselling our denture service to the point where our patients have come to expect the impossible. Certainly modern dentistry comes closer to restoring lost dental members to that which nature gave us than any other profession and even at times has improved on the dental equipment we were born with, but nevertheless the wearing of artificial dentures requires a great amount of determination, perseverance and skill even though they are esthetically and functionally all that could be desired. Take time to tell your prospective denture-wearers of the problems, as well as the advantages, which will be theirs and then be just a little more patient with them and I am sure there will be fewer of our patients seeking the services of the untrained illegal operator.

However, after a thorough self-examination and a proper appraisal of our responsibilities for the illegal operator's being, there is but one place to put the responsibility for their continued existence and continued growth and that is to put the blame squarely on the law enforcement agencies whose business it is, namely the Department of Registration and Education and the County and State's attorneys. (May it be said here that the present personnel have been more co-operative in at least trying to enforce the Act and, in some cases, successful in carrying out their duties, but they are totally understaffed. We are most grateful for what they are doing.) The criticism is of the Budgetary Committee of the Legislature for its failure to provide even the necessary funds for enforcement. We would not believe for one minute that there will ever be 100 per cent enforcement but when illegal practice continues to grow by leaps and bounds to the detriment of the health of the public and the profession because, as it has been so often stated by the Department of Registration and Education, there are not the funds to provide proper investigation and legal preparation, then it is high time dentistry and the twenty or more professions under the supervision of the Department of Registration and Education do something drastic about it. The Department and attorneys for the County and the State alone have the power to enforce the Statutes, and to bring to the bar of justice those who would violate the laws of our State. How long would you live in a community where burglary, robbery, hoodlumism and property destruction were rampant and on calling the police their reply was "Sorry, we can't do anything about it, we don't have sufficient funds to provide protection"? Not for long, we are sure. That's what is happening in the enforcement of the Dental Practice Act and the reason that the illegal practice of dentistry is growing instead of being contained. Get off your hands. Let those who provide the necessary funds, your legislators, know about it and those in authority know how really concerned you are. Don't expect the officers of the Dental Society to do it all. You and you alone have most influence with your own legislator. When called on to do just that, be ready and willing.

Those of us who have been privileged to serve in places of responsibility have been bombarded with numerous plans in which the Society would delegate their responsibility to an agency other than organized dentistry. They would have us solve all our ills by a program of public education, a campaign of newspaper publicity, an agreement to a code of ethics, a program of accreditation

by which the illegal operator will be fenced in. There is no question that these will be helpful but when all is said and done there is one thing alone in the final analysis that will eliminate the flagrant violator of the Dental Practice Act and that is the proper enforcement of the Act and the attendant penalties for such violations.

Take time *right now* to find out who your Legislators and Senators are. They may be new because of the Reapportionment. Get to know them better.

United, we shall move forward. Separately, we shall fail.

* * *

"HOURLY WAGES" OF PHYSICIANS AND DENTISTS*

The recent series of articles in THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION summarizing the results of a survey conducted by its Bureau of Economic Research and Statistics of the hours, incomes, and other aspects of dental practice indicates that the average work week of the dentists in 1952 was 43.3 hours.

The 1950 survey of the dental profession set the average at 42.2 hours. The Bureau of Medical Economic Research of the American Medical Association reviewed the data on hours worked by the physicians, furnished by 30,000 physicians in the survey of their 1949 incomes; this survey was conducted jointly by the Bureau and the United States Department of Commerce, but neither has published the data on hours worked. Physicians averaged more than 56 hours a week, general practitioners more than 60 hours, and some specialists, 50 to 56 hours.

COMPARE DENTIST AND MEDIC

It is interesting to compare the hourly earnings of dentists and physicians by distributing the net annual earnings over the number of hours worked, with the number of hours computed according to prevailing practices of large employers in the United States regarding overtime pay.

Usually, the employer allows 12 hours' pay for the first 8 hours in excess of 40 hours a week and 16 hours' pay for the second 8-hour overtime period; that is, employees receive 68 hours of pay for 56 hours of work. On this basis, the average "hourly wage" of physicians was \$3.13 in 1949 and, on the basis of small sample studies of the U. S. Department of Commerce, \$3.26 in 1950 and \$3.54 in 1951.

The comparable "hourly wage" of dentists was \$3.01, \$3.12 and \$3.31. These averages were computed on the basis of 68 hours a week for physicians and 45 hours a week for dentists. The annual net earnings were prorated over 52 weeks, although self-employed physicians and dentists worked fewer than 52 weeks.

COMPARE TO LAY WORKER

For the purpose of comparing their hourly earnings with those of employed persons, however, it is necessary to allow several weeks for vacation, holidays, and sick leave. Office employees at A.M.A. headquarters are allowed approximately 25 days, or 5 weeks a year, for vacation, holidays, and sick leave. Incidentally, there is evidence that physicians work more regularly on holidays than do dentists. Even if the annual net earnings were prorated over 49 weeks instead of 52 the 1951 "hourly wages" would be increased only from \$3.54 to \$3.75 for physicians and from \$3.31 to \$3.51 for dentists.

Within this frame of reference of prevailing rules regarding overtime pay, it appears that physicians and dentists are earning less than \$4 an hour and that the long work week, particularly of physicians, should be a major factor in any economic analysis of professional incomes.

*Editorials and Comments, J.A.M.A., Oct. 2, 1954, p. 502.

NEWS OF THE BRANCHES

WEST SUBURBAN

Tie a Little String Around Your Finger, for even though all of us had a fine education at the Midwinter Meeting as usual, the Branch has a bang-up meeting coming up March 13th at the Riverside Country Club with Dr. Meigs Jones of Kansas City, Mo. who will be the essayist and speak on "Better and Faster Restorative Dentistry." The usual fellowship hour and dinner will precede the program. ALSO—Election of officers. The Nominating committee has placed the following names before the membership, for President-Elect, Wallace Kirby; Vice-President, Howard Buchner; Secretary, Olaf Opdahl; Treasurer, Joseph Brophy and for Librarian, Weston Olsen. Other names may be placed in nomination by petition signed by 25 members which shall be submitted to the Secretary not less than 30 days before the election, according to the standing rules of the branch. . . . A card was received from R. D. LeFebvre who is now retired and living at Hendersonville, N. C. . . . The Round Table reconvenes at the Oak Park Club on Monday, March 5th, at noon to hear Charles Maurice on "Differential Diagnosis in Dental Pain." . . . The West Suburban Study Club elected officers for the new year at their recent meeting: Pres., George Fleming; Pres.-Elect, Bob Randolph; V. P., L. D. Jaeger; Secy., Francis Fierce; Treas., James Ridlen and Librarian, Stan Tylman. 79 members attended this meeting, must be good food and fellowship that brings them out to Louis'. . . . Hear that Jim Ridlen has a new home in Westchester. . . . This do-it-yourself business put George Fleming on crutches, just painting the ceiling at home. . . . With the farm gone Al Carlson is off to Fla. for two months. . . . Bob Krvavica of Westmont had a nice housewarming in his new habitation recently. . . . Bill Haller has returned to

work after a siege of pneumonia. . . . The ultra ultra of our branch are headed south with Don Lemon leading the way to Nassau, the Heins are Mexico-bound, a place where Frank Novak and family just returned from. . . . Roy Sanden would rather hit for Madison, Wis. for his vacations and is there now. . . . The ice fishermen are a hardy race with Ed Hovorka, Carl Mitchell, George Welk and Howard Marley heading the list. Frank Barta spends his "spare" time bowling railroads for his Elk's Club team, while "Pickles" Mikolas, Stan Krupka, Barney Mulacek, Jim Hofrichter meet at the Old Prague to swop stories. Marvin Blechman has opened an office for oral surgery in the building with Ed Moore and Joe Haller. . . . Harry Smejkal is the dental representative on the Medical staff of Morton High School and as such is doing a grand job. . . . M. D. Cohen acted as moderator and C. Madison, Ed Budill, and R. Williams of La Grange were panelists on a forum before the Lyons Township Health Council recently. —Bob Pollock, Branch Correspondent.

KENWOOD-HYDE PARK

Amid anguish and tribulation our President, Rudy Grieff, left the corner of 75th and Cottage Grove to move into a brand new building (without plumbing) at 1832 E. 87th Street. Best wishes from all of the Kenwood members, Rudy. . . . Alex Jacobson just returned from a lecture trip to Mexico City. . . . Bob Kreiner, who will be General Chairman of the 1957 Midwinter Meeting attended the meeting of Committee Chairmen last month and had his attentive ear peeled for information. . . . Graham Davies attended a Toastmaster's Club meeting with Henry Leib and was favorably impressed—so much so, that he signed up for a course. Now Graham is going to add oratory to his long list of accomplish-

ments. . . . Walt Dundon held a meeting of the ADA Council on Dental Laboratories on January 8th and 9th at the ADA office here in Chicago. . . . You have all heard proud fathers expound about the accomplishments of their children, but I have found something even better—a proud grandfather—Mac (?) McNulty is one of those and always has a cute story about his grandchildren. . . . Sammie Markus lost his gin partner for three weeks when Ben Herzberg left for Florida to enjoy a rest and soak up a little sunshine. Ben left after the Midwinter Meeting and I hope he left his golf clubs at home, early practice makes him rough during the summer. . . . Seymour Yale is back from the service and resuming practice in his old locality. Welcome home, Seymour—See you at the next meeting. . . . Larry Johnson was 1938 Class representative from Northwestern and official greeter in Room 524-A, the Northwestern Alumni Room during the Midwinter Meeting. . . . With the Midwinter Meeting now past history,

let's not forget Ole Kenwood—our next meeting will be on March 6th. Dr. Walter Buchmann will present "Bridgework of '56." Call Henry Lieb at Mi 3-9607 and make a dinner reservation and we can all talk over the big meeting downtown.—Howard J. Harvey, Branch Correspondent.

NORTH SIDE

Now that the big Midwinter Meeting is over, get ready for OUR OWN regular meeting, Tuesday, March 6th, starting at 1 p.m. Dr. Ercell L. Miller will present a program on "Practice Management" in the afternoon, which will include a "philosophy of dental practice, case presentation, and high-speed instrumentation," then cocktails at 6 p.m.; dinner at 6:30; a short business meeting and Dr. Ercell Miller will give the main address in the evening. Mark your calendar for all day. . . . It is interesting to note that they read this column out in Missouri, too. Got a letter correcting

INTERCEPTIVE ORTHODONTICS

to be Presented by

Academy of General Dentistry at Loyola University

Dr. Joseph Jarabak will present "Interceptive Orthodontics" to the Academy of General Practice, Wednesday mornings from 9-12 o'clock on four successive weeks. The lectures and practical demonstrations will be held March 21, 28 and April 4 and 11. For information contact Department of Postgraduate Studies, Loyola University, 1757 W. Harrison St., Chicago 12, Illinois.

The Academy of General Dentistry is devoted to the continued education of the general practitioner. To this end special lectures and educational series have been planned by the group. A course in the "Indirect Technique in Crown and Bridge" has just been completed under the tutelage of Dr. Walter Buchmann. The Orthodontics course is to follow. Other courses in Periodontics and Reconstructive Dentistry have been planned for the coming year.

The Academy of General Practice actively solicits new members who are interested in a planned program of continued education. For membership inquiry please contact Dr. T. V. Weclaw, 2739 West North Avenue, Chicago.

my last announcement of this meeting from Dr. Miller, from Columbia, Mo. who always reads the FORTNIGHTLY . . . And talking about good meetings—have you been attending those wonderful meetings arranged by Olaf Opdahl and his Program Committee for the downtown Society? They should be congratulated on the new look they are giving the Society. . . . Our congratulations to Harold and Mrs. Rabin on their new and beautiful baby boy. The father never did recover, but mother and baby, fine. . . . Stan Buckner gave a very fine talk before the Chicago Academy of Dental Psychosomatics at its January meeting. . . . Murray Hoffman addressed the Uptown Forum, and was followed by Sheldon Rose of the American Institute of Architects at their next meeting, and then on January 27th, Dr. Sam Pruzansky of U. of I., on "The Dentist's Role in a Program for Handicapped Children." On February 3rd, Ruby Kadens and the Cooley Group will have a panel discussion. . . . Our heartfelt condolences

to Stan Buckner on the death of his mother. . . . The North Side Board of Directors met at the home of our President, Herb Gustavson, and after a long and very interesting meeting, Mrs. Gustavson served her usual very excellent coffee and home-made pies. We had better make sure our next president's wife can bake as well. After a full discussion of the West Side Branch's article in the FORTNIGHTLY (Jan. 15th), the Board went on record, endorsing the West Side's action. Have you read the article? It's a good idea to read all the branch columns. . . . Earl Elman is keeping himself busy being informed on and working for OASI. He got a letter from Sen. George H. Bender, of the Gov't Operations Committee, which said "It is quite certain that dentists will be included in any revised Social Security laws, due to the tremendous approval expressed by members of the profession." Earl's committee has received many, many letters from senators expressing approval. President Eisenhower, in his Economic speech,

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February 22, 29, March 7, 14, 21, 28, 1956

Dentistry is being recognized as a health service and the dentist must be aware of the clinical and roentgenographic correlations between oral and systemic abnormal and pathologic conditions. The course is especially designed for the dentist in general practice to acquaint him with modern procedures in diagnosis in the dental office. The newest developments in the use of roentgenography, pulp vitality testing, clinical laboratory methods, biopsies, medical consultations and other diagnostic aids will be explained. The prognosis of various treatment plans will be discussed. Numerous slides illustrating actual clinical cases will be shown.

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called for the inclusion of all federal and self-employed individuals. . . . Henry Parkin just got back from Oakton Manor, more rested but not talking any slower. . . . Ruby Kadens and Carl Sudakoff have added some very novel ideas to their office. They had a large new desk constructed, and having utilized ideas they picked up from hospitals, etc., have installed special record racks in each office. Visitors are welcome to copy some of these ideas as they are not patented. . . . Herman Medak, our Civilian Defense Committee Chairman, reports that the CDS committee on CD is beginning to move, with a meeting scheduled in conjunction with the ADA, on Feb. 15th at the Palmer House. They anticipate a course on Mass Casualty in the fall. Medak is still calling for more volunteers for his committee. . . . Ed. Luebke, our President-Elect, predicts an excellent Midwinter Meeting, based on the fact that all Hotel reservations are filled including even the outlying neighborhoods. Looks like a record attendance. . . . Pat Peterson, Sr., reports that the Peterson clan is giving a good account of themselves and he is looking forward to his class ('16) reunion. At this 40th anniversary, with him will be: Chester Ihle, Al Young, who recently was in the hospital, Mark Williams and Hank Youngson. . . . Paul Brown, our Ethics Chairman, reports 8 new applicants to our branch, and after they are approved, we'll announce them. His assistant tells me in answer to my query for information, that the assistants usually don't do anything interesting until they leave the office, but I guess I couldn't print it anyway. . . . Been getting heck for not listing all the fellows who went to Hawaii, but how should I know if I'm not told. Bernard Spiro was there, and so was E. Frazin who tells me that the CCDS alumni gave a party for Corvin Stine there. He is busy working to recoup his expenses on that extended tour. . . . Russ Boothe reports a fine vacation in Ohio over Christmas, and had the distinction of discussing Stevenson's son's arrest for speeding there

with the Mayor. The Mayor regrets he didn't hold the young'un for another ten minutes to avoid the accident he later had, Russ met Walter Nock, John Bodine, Clarence and Bob Peterson and Edgar Swanson at the NU Basket Ball Game. Bill Strauss just got back from a trip, but I don't know where he went. . . . Ray Orsinger is redecorating and will start the New Year with a fresh-looking office. . . . Shelly Rosenstein is opening a new office on Peterson, right across the street from the Peterson Park Building. . . . Everybody is wondering and waiting breathlessly for the Program Committee's announcement of our April Meeting. It will probably be a humdinger, judging from their past performances.—*I. H. Shapiro, Branch Correspondent.*

NORTHWEST SIDE

Well now, where did everyone go—or did the members of this branch just retire from newsworthy activities? Why if it weren't for Bob Placek going on a trip once in a while—he left for Florida and Jamaica right after the Midwinter Meeting—I might be forced into fiction. . . . And the Ben Davidsons have just become members of the "Society for Raising and Spoiling Grandchildren" with the birth of a son to their daughter. . . . Folmer Nymark also had a little bundle—a cyst, which was removed at Illinois Masonic Hospital. . . . One of my spies informed me that in New York they no longer make gold crowns, but instead "full coverage"—and how's that for gilding the lily. . . . With his daughter now living in New York, Gerson M. Gould will probably become a long distance commuter—attention turnpike police. . . . Jack Heinz has opened an office in Arlington Heights and is spending part of his time out there. . . . And rumor has it that Joe Zielinski is making preparations for another wedding. . . . Our next meeting, which will be held on March 6,

(Continued on page 26)

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Kindly address all communications concerning business of the Society to the Central Office

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Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Eugene M. Stearns, 1580 Sherman Ave., Evanston. Anonymous communications or telephone calls will receive no consideration.

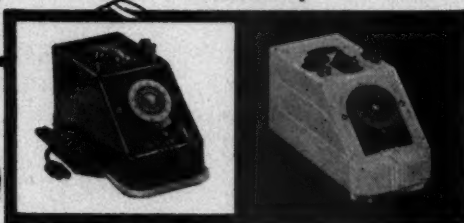
Applicants

ACKERMAN, HAROLD E. (Loyola 1931) West Suburban, 47 S. 6th Ave., LaGrange. Endorsed by T. M. McCullough and Bert D. Pomatto.

(Continued on page 29)

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ABSTRACTS

(Continued from page 11)

socket of the first molar was enlarged with the bur and running water to receive the transplant. A larger amount of bone than usual was removed in order to prevent damage to the third molar and to facilitate its removal. The third molar was lifted from its socket and was placed in the prepared first molar bed. The third molar was aligned so that its occlusal surface was three mm. below those of the adjacent teeth. The flap was replaced with 3-0 silk sutures. A 22 gauge stainless steel wire was looped around the transplant and adjoining teeth, and a Ward's pack was applied to the buccal and lingual surfaces of the transplant. 300,000 u crystalline and 600,000 u benzethacil penicillin were given intramuscularly. A week later the pack and sutures were removed. The patient had experienced only slight pain and swelling, and healing was progressing satisfactorily. Approximately a month later the stabilizing wires were removed and the wound well healed, and the transplant was firm on digital examination. The patient was seen again six months after the transplantation and the third molar was well aligned, firm, and responded to the vitality test.—"LOWER THIRD MOLAR TRANSPLANT: REPORT OF A CASE," by Robert H. Linn, B.A., D.D.S., M.S.D. *The Journal of the Wisconsin State Dental Society*, Sept., 1955. O.C.L.

OUR PROFESSIONAL RESPONSIBILITIES

(Continued from page 8)

3. Am I equipped to render the finest type of dental health service of which I am capable, and have I continued my education?

4. Have I taught the people whom I contact, both in my office, and in my community good dental health education, young and old alike.

5. Do my patients thoroughly understand their own need for dental health service, and have I properly impressed them of the value of proposed service?

6. Have I made necessary dental care available to the patient, either in my own office, or through other channels at a cost which they are able to bear, whether it be time, comfort or dollars?

7. Am I qualified to render a quality service proportionate to the fee which I am expecting to receive from the patient?

8. Have I anticipated the need for divided payment to ease the burden for the financially embarrassed?

9. Do I delegate responsibilities to auxiliary personnel which should rightfully be classified as my own personal obligation, and thereby endanger patient's confidence?

10. Are the danger signals of poor health, fatigue and exhaustion, fair warning to take stock account of my most valuable asset—my health.

11. When patient grievances arise, is my own attitude fair and just, and have I been patient and understanding.

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12. Have I discharged my obligation to secrecy, with honor, or has the temptation of gossip led me to be indiscreet?

These are some of the provocative questions that assist me in re-appraising my own patient relationship.

When reviewing one of our major responsibilities to the public "That of doing the most good for the greatest number of people" we at once become aware of the complexity of the problem.

That we are living in an era of social and economic change is apparent to all. Our increasing population, combined with greater dental health consciousness have made it difficult to maintain a constant level of available dental health service. A changing social philosophy, varying economy, and changing political complexions have added to the confusion. Of this much we can be certain, as the pattern of living changes, so too will the demands upon our profession. People all over the world are interested more and more in security, assured position, government subsidies and guaranteed minima.

Regardless of our political affiliations, or social philosophy, we must continue to provide the leadership expected of us. We will meet the challenge unless the mood of participant is transplanted by a mood of spectator.

We should not permit the enemy of prejudice to blur our vision of hope, for this is a problem which should command the serious attention of each one of us. Peter Marshall's admonition could well be applied here, "We have little right to

expect collectively what we are unwilling to accede to individually."

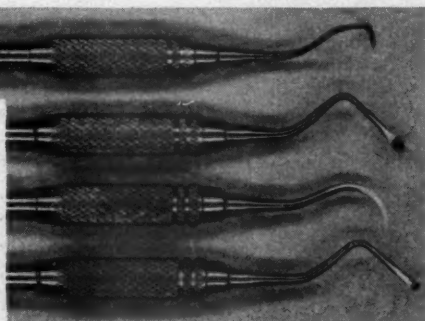
Those who regard contract dentistry as the sole solution to our problem should beware, for there have been too many examples where the compensation given the dentist was so small and the number of patients whom he was expected to attend, so large, that it was humanly impossible to render the type service to which the public is entitled.

Some additional factors which must receive serious consideration are: the efficient use of auxiliary personnel; the elimination or reduction to a minimum of unproductive time; the efficient use of the laboratory technician; the employment of modern operative techniques; the use of new materials which reduce chair time; the organization of group practices which meet the standards of organized dentistry; the employment of newer preventive techniques; support of dental public health clinics for the care of the indigent; a periodic review of the effectiveness of State Dental Health programs; and the continued evaluation of new approaches which would accomplish the purpose of serving the public more efficiently.

In addition, an honest effort must be made to determine the interests, desires, and needs of the employed groups and an attempt made to work out with them a solution that will benefit the public, the patient and the dentist alike.

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NEWS OF THE BRANCHES

(Continued from page 18)

should be another very interesting affair. Not too many months ago, the dental profession in Illinois had its back against the wall with the appearance of House Bill 1118. To defeat this ignominious attempt to legalize illegal dentistry we, the profession, had no one to turn to but the State Representatives we had helped elect. The defeat of the Bill is now past history but we should never forget those men without whose wisdom we would have been behind the proverbial eight-ball. As a small token of our appreciation we have asked three of these gentlemen to speak to us of that and others of their activities in the House of Representatives. Mark the date right now.—*Lee Schwartz, Branch Correspondent.*

SOUTH SUBURBAN

Just checking over the bank account and as of the present time, between Uncle Sam and what was spent at the Midwinter Meeting, the pickings are mighty thin. To say the same thing in terms of current advertising—"the new slim look." . . . Got a nice lengthy note from Clarence Folkers. He was down in Florida recently to visit his newly-married daughter, who is a junior at the University of Miami. Clarence got caught in the middle of that cold spell, and to quote him: "I came

back to Blue Island to warm up." It seems that the temperature got down to 40 at night and never above 60 during the day, and with no provisions for heating the homes, it got mighty cool and damp. . . . Nothing daunted by the cold, Henry Bahlman left for a sojourn down there and O. A. Taylor Bell is leaving for his annual stint in St. Petersburg. . . . Leonard Holt has taken Mrs. Holt and daughter to their home in Winter Haven, Florida to determine the extent of the frost damage and to relax in the sun (?) if possible. . . . Better late than never, the announcement of a baby boy to the Ken Freedmans about December 9. It would be a novel innovation to delay these announcements until the youngsters are old enough to read and enjoy same. (Bad joke, no?) . . . Got word that Mann of Blue Island is back to work again after a vicious battle with the virus. . . . That's all for now, see you at the March meeting.—*H. C. Gornstein, Branch Correspondent.*

NORTH SUBURBAN

Suppose the dust has cleared from the big meeting by now and we're all back in our cells giving 'em H——. News out this way just ain't or my nose isn't close enough to the ground. In the absence of my usual scintillating gossip, I'm going to beat the drum a bit. . . . First, I'd like to put in a plug for Tom Michiels (former Park Ridge dentist hit real hard by polio 2 years ago) and his Professional Dental Laboratory, 6921 N. Ashland, Chicago. Tom is doing a grand job with his own laboratory service and would certainly appreciate any support you boys might give him. . . . Next a crusade to eliminate three words from the dental vocabulary, in literature and chairside conversation—*PULL, FILL and SPIT*. Somehow my backhair stands high when I hear the elite Dr. Burrhead instruct Mrs. Van Van dercliff to spit, then he'll tell her which tooth he is going to pull and then the one he is going to fill. I sup-

pose those three little words really get across a word picture to the captive audience; and I'll admit you've got to do a heap of pullin' sometimes to get those molars out AND that we see too D— many teeth just filled, fingerprints and all. But, somewhere in the deep recesses of my gray matter I have the feeling that dentistry is a first-class way to bring home the bacon and should be conducted as such. How about telling Mrs. Van de Van it will be necessary to *Remove, Extract, or Take Out* that infected upper bicuspid and *Restore* that lower 2nd molar with a properly contoured inlay after which she might *Empty* her mouth if she so pleases. Maybe them there words are a bit too high-class for some of our clientele but why not give them a whirl, perhaps they might think you were at least exposed to higher learning on your way to becoming a tooth doctor. Don't forget to add 2 bucks to the bill. I'm all through preachin'. See you in 6 weeks.—Russ Ephland, *Dental Evangelist*.

NEWS AND ANNOUNCEMENTS

(Continued from page 10)

Cadaver Surgery course, scheduled for March 9th through the 16th, 1956.

The introduction, by Dr. Harry Sicher, will consist of lectures to be given at the cadaver while the respective region is being dissected. Special emphasis will be given to clinical application. The following regions will be covered: triangles of the neck, muscles of facial expression, parotid gland, facial nerve, muscles of mastication, infratemporal fossa, pharynx and larynx, tracheotomy, and coniotomy, cranial base, nasal cavity, nasal sinuses and oral cavity.

The last five days, under the direction of Dr. Joseph Kostrubala, will deal with a review of the pertinent surgical anatomy of the oral region. This will be followed with lectures on Pathology and Physiology. Four major divisions will be considered; namely, infection, trauma, neoplastic diseases and congenital deformities. Perhaps the most important

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- (5) DOUBLE STRENGTH Porcelain Jacket. This is a combination of the Platinum Lingual and Platinum Reinforced porcelain jackets.

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feature of the course will be the surgical technique which will allow the students to actually perform the various types of operations in the laboratory on cadavers, including open and closed reduction of mandibular fractures, partial resection of mandible with bone grafting and resection of maxilla for tumors.

Tuition for this program is \$350.00. Attendance is limited to 8.

For further information contact F. M. Wentz, D.D.S., Ph.D., Director, Postgraduate Division, 1757 W. Harrison St., Chicago 12, Illinois.

WISCONSIN CALLING

Members of the Chicago Dental Society are cordially invited to attend the 86th Annual Meeting of the Wisconsin State Dental Society, to be held at the Auditorium, Milwaukee, Wis., Monday, April 9th through Wednesday, April 11th.

Among the out-of-state essayists who will appear on the program are Drs. Keith Fenton Box, Toronto, Canada; L. W. Burket, Philadelphia, Pa.; Ralph L. Ireland, Lincoln, Neb.; Bernerd C. Kingsbury, San Francisco, Calif.; Walde-mar A. Link, Chicago, Ill.; William R. Nelson, Denver, Colo.; Howard S. Payne, Buffalo, N. Y.; R. Quentin Royer, Rochester, Minn.; Alver Selberg, San Francisco, Calif., and Miss Archanna Morrison, West Roxbury, Mass.

Wisconsin essayists will include Dr. E. J. Surwillo, Milwaukee, Wis., and Mr. Karl York, Racine, Wis.

The meeting will open with a session of Table Clinics at 10:00 a.m. on Monday, Dr. John S. Semrau, president, will welcome members at the first General Session on Monday, at 1:30 p.m., following which Dr. Kingsbury, A.D.A. president, will speak on "Why The American Dental Association?" A program of 14 study courses has been arranged in addition to essays, and technical motion pictures will be screened throughout the meeting. Another session of Table Clinics at 1:30 p.m. on Wednesday will close the meeting.

The Schroeder Hotel, Milwaukee, will be the headquarters hotel and those who plan to attend the Wisconsin meeting are urged to make arrangements directly with the hotel of their choice at an early date. Further information may be obtained by writing Mr. Kenneth F. Crane, Executive Secretary, 704 W. Wisconsin Ave., Milwaukee 3, Wisconsin.

CHICAGO DENTAL ASSISTANTS ASSOCIATION

The fifth in a series of articles

The success of an association depends largely upon its committees. The Chicago Dental Assistants Association includes eight standing committees as a part of its organization.

The Membership Committee is responsible for encouraging assistants to avail themselves of membership. Procedures of acceptance and initiation are also its duties.

Suitable speakers for regular meetings as well as for the Midwinter Meeting are the obligation of the Program Committee. The Clinic and Exhibit Committee works very closely with the program chairman in providing clinicians for our own meetings as well as securing clinicians for state and national meetings of the dental societies.

Education being of primary importance, the Education Committee organizes and secures instructors for the Extension Study Course. An advisory committee of the Chicago Dental Society assists the Education Committee in this respect.

The Entertainment Committee assumes the responsibility of arranging suitable social activities during the year.

Notices of meetings of the Association and its branches are published regularly in the FORTNIGHTLY REVIEW. Preparation of this material is the duty of the Publicity Chairman.

The Public Relations Committee's aim is to further the advancement and esteem of the Chicago Dental Assistants Association. This committee aids interprofes-

sional relations with dental societies, other dental assistants associations and other professional groups.

These committees working together form a real and functioning organization.

DECEASED MEMBERS

Gillogly, Harold E., 624 S. Kedzie Ave., Chicago; Chicago College of Dental Surgery, Loyola University, 1924; member of West Side Branch; died January 9, 1956.

Murray, William A., 636 Church St., Evanston; Northwestern University Dental School, 1916; member of North Suburban Branch; died September 19, 1955.

Thomas, Constantin, J., 6827 Dorchester Ave., Chicago; Northwestern University Dental School, 1918; member of Kenwood-Hyde Park Branch; died November 2, 1955.

APPLICANTS

(Continued from page 19)

CARROLL, JAMES R. (U. of Ill. 1955) West Suburban, 1600 Westchester Blvd., Westchester. Endorsed by Melvin R. Genaze and Bert D. Pomatto.

GOTTLIEB, STANLEY J. (Loyola 1955) North Suburban, Great Lakes. Endorsed by Patrick D. Toto and Frank M. Amaturio.

LANGLAIS, WILLIAM F. (C.C.D.S. 1930) North Suburban, 4 S. Genesee St., Waukegan. Endorsed by Anselm Lahti and J. Mackey.

NISCHKE, ALBERT B. (Creighton 1940) North Suburban, 1876 Shermer Ave., Northbrook. Endorsed by Eugene O. Nadeau and Burton F. Anderson.

TOMASZEWSKI, CASIMIR F. (Loyola 1937) Englewood, 2600 West 47th St. Endorsed by Joseph J. Smentek and Charles J. Fischer.

WRIGHT, FRANCIS H. (N.U.D.S. 1953) South Suburban, 18109 Dixie Highway, Homewood. Endorsed by Henry W. Freitag and James T. Daly.

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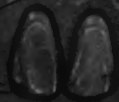
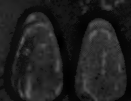
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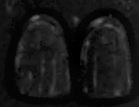
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